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RCE
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Atty. Dkt. No. 031890-1613



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlson et al.

Title: EMBOSSING SYSTEM

Appl. No.: 10/036,843

Appl. Filing Date: 12/21/2001

Examiner: Phong Nguyen

Art Unit: 3724

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
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Charles J. Schreck	
<small>(Printed Name)</small>	
Charles J. Schreck	
<small>(Signature)</small>	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
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Sir:

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This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. § 1.114: (check items that apply)

a. Previously submitted:

☐ Please enter and consider the amendment/reply previously filed on ____.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.

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☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ____.

☐ Other ____.

b. Enclosed are:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO-1449 with copies of ____ listed reference(s).

☐ Other .

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$770.00	= \$770.00
Total Claims:	35	- 37	= 0	x \$18.00	= \$0.00
Independents	4	- 4	= 0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$290.00	= \$0.00
				TOTAL:	= \$770.00

☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date August 19, 2004

By Marshall J. Brown

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